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Bib Data Sheet

CONFIRMATION NO. 4229

<b>SERIAL NUMBER</b> 08/515,379	<b>FILING OR 371(c) DATE</b> 08/15/1995 <b>RULE</b>	<b>CLASS</b> 606	<b>GROUP ART UNIT</b> 3736	<b>ATTORNEY DOCKET NO.</b> 37167-8009
<b>APPLICANTS</b> EDWARD J. GOUGH, MENLO PARK, CA; ALAN A. STEIN, MOSS BEACH, CA; STUART D. EDWARDS, LOS ALTOS, CA;				
<b>** CONTINUING DATA *****</b> This application is a CIP of 08/290,031 08/12/1994 PAT 5,536,267 which is a CIP of 08/148,439 11/08/1993 PAT 5,458,597				
<b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **</b> <b>** 04/02/1996</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged Examiner's Signature _____ Initials _____		<b>STATE OR COUNTRY</b> CA	<b>SHEETS DRAWING</b> 8	<b>TOTAL CLAIMS</b> 46
		<b>INDEPENDENT CLAIMS</b> 2		
<b>ADDRESS</b> 22918				
<b>TITLE</b> MULTIPLE ANTENNA ABLATION APPARATUS				
<b>FILING FEE RECEIVED</b> 737	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	